



CONTROLLED SUBSTANCE DETECTION DOG CERTIFICATION FORM

- Initial Certification (Requires POST Application for Certification Form)
- Re-certification

HANDLER _____ **POST ID#** _____
CANINE _____
AGENCY NAME _____
DATE _____ **TIME** _____ **LOCATION** _____

METHAMPHETAMINE

Weight _____ Location _____ Passed Failed
 Weight _____ Location _____ Passed Failed

COCAINE

Weight _____ Location _____ Passed Failed
 Weight _____ Location _____ Passed Failed

HEROIN

Weight _____ Location _____ Passed Failed
 Weight _____ Location _____ Passed Failed

Other: _____ Passed Failed

Other: _____ Passed Failed

BASIC CONTROL _____ Passed Failed

Comments: _____

Evaluator's Signature: _____ **POST Training Specialist:** _____

Print Name: _____

Telephone: _____ **Handler's Signature:** _____

It is the sole responsibility of the **Handler** to ensure that this evaluation form and application for certification (if applicable) is turned into the Idaho Peace Officer Standards and Training Academy for processing.

This form must be received by POST Academy within 30 days of the certification date to be valid.